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- |                               |                  |
|-------------------------------|------------------|
| 1. <del>Mr Muston</del>       | <del>B.415</del> |
| 2. <del>Mr Morley Parry</del> | <del>A.421</del> |
| 3. <del>Mr Perry</del>        | <del>A.405</del> |

## RURAL DISTRICT OF WAKEFIELD

# 1968

# annual report

Medical Officer of Health

GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Public Health Inspector

E. HEALD, M.R.S.H.




**R U R A L   D I S T R I C T   O F   W A K E F I E L D**

# **ANNUAL   REPORT**

**OF THE**

**MEDICAL OFFICER OF HEALTH**

**FOR THE YEAR 1968**



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**WAKEFIELD RURAL DISTRICT COUNCIL**

**PUBLIC HEALTH COMMITTEE**

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**1968-1969**

Councillor T. W. Newton (Chairman)

Councillor Mrs. B. E. Eastwood, J.P. (Vice-Chairman)

Councillor H. E. Elsley

Councillor J. T. Foley, J.P.

Councillor G. H. Green

Councillor B. A. Hardcastle

Councillor W. Howley

Councillor J. B. Jones

Councillor C. J. Kirk

Councillor A. Mellor

Councillor F. W. Middleton

Councillor J. H. Milne, D.P.A.

Councillor P. Nussey

Councillor W. Sandham

Councillor H. Stevens

# WAKEFIELD RURAL DISTRICT.

## PUBLIC HEALTH STAFF

### **Medical Officer of Health.**

#### **and Divisional Medical Officer.**

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

### **Deputy Medical Officer of Health.**

#### **and Senior Departmental Medical Officer.**

Barbara Briggs, M.B., Ch.B., D.P.H.

### **Chief Public Health Inspector.**

E. Heald, M.R.S.H.

### **Additional Public Health Inspector**

D. Ward, M.A.P.H.I. (Resigned 31.8.68).

### **Student Public Health Inspector**

M. Smith

### **Public Health Inspector's Clerks.**

Mrs. R. Reynolds

## WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13

### **Departmental Medical Officers and School Medical Officers**

Doreen M. M. Anderson, M.B., Ch.B. (Part-time).

Irene Hargreaves, M.B., Ch.B.

Teresa Rose, M.B., B.S., M.R.C.S., L.R.C.P.

### **Medical Officer to Middlestown Child Welfare Centre**

J. D. Bradshaw, M.B., Ch.B. (Part-time).

### **Divisional Nursing Officer.**

Miss A. Hibbard, S.R.N., S.C.M., H.V. Certificate  
Queen's Nurse.



**Health Visitors.**

Mrs. B. E. Clayton, S.R.N., S.C.M., H.V. Certificate.  
 Mrs. D. Gaines, S.R.N., S.C.M., H.V. Certificate  
 Mrs. J. Pearson, S.R.N., S.C.M., H.V. Certificate  
 Mrs. M. Senior, S.R.N., S.C.M., H.V. Certificate  
 Mrs. K. Simms, S.R.N. (Appointed 25.11.68) Assistant to  
 Health Visitor.

**Midwives.**

Miss M. Campbell, S.R.N., S.C.M.  
 Miss J. Davis, S.R.N., S.C.M.  
 Miss B. B. Fearon, S.R.N., S.C.M.  
 Mrs. S. M. Stevens, S.R.N., S.C.M.

**Home Nurses.**

Mrs. M. E. Scott, S.R.N., S.C.M., Queen's Nurse  
 (Relief Nurse).  
 Mrs. M. E. Crane, S.R.N., S.C.M., Queen's Nurse.  
 Mrs. M. R. Higgins, S.R.N., Queen's Nurse.  
 Mrs. L. Jackson, S.R.N., S.C.M.  
 Miss O. Hepworth, S.R.N., S.C.M., Queen's Nurse

**Senior Mental Welfare Officer.**

A. Emmerson.

**Mental Welfare Officers.**

J. R. Marshall, R.N.M.S.  
 H. H. Robinson, R.M.P.A., R.M.N., M.S.M.W.O.  
 R. D. Stephens, R.M.N.

**Junior Training Centre—Ossett**

Miss S. M. Thistlethwaite. N.A.M.H. Diploma—  
 Supervisor.

Mrs. M. E. Norman  
 Mrs. I. Ellis

**Senior Training Centre—West Ardsley.**

Miss I. Beaumont, N.A.M.H. Diploma—Supervisor.  
 Mrs. S. A. Bourne, N.A.M.H. Diploma.  
 Mrs. P. M. Earnshaw, N.A.M.H. Diploma  
 Mrs. K. M. Poyner, S.E.N.  
 Mrs. E. Wright  
 B. K. Brook, N.A.M.H. Diploma.  
 M. Grange.

**Healey Croft Residential Hostel—West Ardsley.**

R. Tyson, S.R.N., R.M.N. — Warden.  
 Mrs. M. Tyson, R.M.N.  
 Mrs. L. Jarman.

**Lee Grange Residential Hostel, West Ardsley.**

D. H. Noble, R.M.N., R.G.N., Warden.  
 Miss B. Ingham.

**Chiropodists.**

E. Fearby, F.Inst.Ch., S.R.Ch. (Part Time)  
 Mrs. S. Hughes, M.Ch.S. (Part-time).

**Child Guidance Service.**

Dr. K. N. Maxwell, M.B., Ch.B.  
 J. B. Mannix, M.Ed., Psychologist  
 Mrs. J. M. Spurr, P.S.W.

**Speech Therapist**

Miss J. M. Davey, L.C.S.T.

**General Social Worker.**

Mrs. S. Halstead, C.S.W.

**Chief Clerk.**

A. Wright, D.M.A., D.P.A.



**Clerical Staff.**

D. Leach (Deputy Chief Clerk)  
 P. M. Sheard.  
 A. C. Atack (Resigned 24.7.68).  
 Mrs. P. Baldwin (Appointed 2.9.68).  
 Miss M. D. Cowling (Appointed 25.11.68).  
 Mrs. J. Anderson (Appointed 5.6.68).  
 Miss C. Brennan (Retired 6.5.68).  
 Mrs. G. Burton\*  
 Mrs. L. Crofton\*  
 Mrs. G. N. Dable.  
 Mrs. A. Doidge (Appointed 9.9.68).  
 Miss M. Dunnett  
 Miss K. Edmondson.  
 Mrs. K. Graham.  
 Mrs. K. Marlow  
 Mrs. A. Renshaw  
 Miss J. Senior  
 Mrs. E. H. Thornber\*  
 Mrs. M. M. Thornburn (Resigned 30.11.68).  
 Mrs. L. J. Wallis (Resigned 30.9.68).

\*Part time.

**LEEDS REGIONAL HOSPITAL BOARD****Consultant Staff.****Ear, Nose and Throat Surgeon.**

T. B. Hutton, F.R.C.S.

**Chest Physician**

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

**School Ophthalmologist.**

K. K. Prasher, M.B., B.S., D.O.

**Paediatricians.**

C. S. Livingstone, M.B., B.S., M.R.C.P., D.C.H.

**Orthopaedic Surgeon.**

Miss M. A. Pearson, F.R.C.S.

Divisional Health Office,  
Windsor House,  
Queen Street,  
Morley.

21.7.69.

To the Chairman and Members of the Wakefield Rural District  
Health Committee.

Mr. Chairman, Mrs. Eastwood, Gentlemen,

I have much pleasure in submitting my Annual Report for  
1968.

This year I have made various modifications which I hope will be an improvement and in addition lead to earlier publication. In the past many of the tables were accompanied by text which though basically the same from year to year had to be modified annually according to the figures in the tables and it was detail such as this involving the four districts within the Division which slowed down the production of the report. This year a great deal of this text has been omitted and any comment thought necessary has been made in this introduction. In addition, and in order to familiarise members with the work of individual officers and services within the Health Department, I have commenced a new section entitled "What is a .....". This year I have chosen the health visitor and outlined the nature of her work and duties. I hope this new layout will be acceptable.

From the vital statistics it will be seen that the birth rate continues to rise and there were 490 births in 1968 compared with 468 in the previous year. The death rate has also fallen, there being nine fewer deaths during the year, and further there was a reduction of three in the number of infant deaths under the age of twelve months though the stillbirths increased by

two in number. There were 21 illegitimate births compared with 19 in 1967. I would draw your attention to the statistics on the cause of death and to the absence of figures for previous years. The reason is that the Registrar General has adopted a revised international classification of disease and the new shortened form used for these reports is not strictly comparable with that used in previous years. The comparison table therefore will be recommenced next year and continued in subsequent years. It will be seen from these statistics that heart disease caused 85 deaths, 64 of which were due specifically to coronary artery occlusion, cancer caused 39 deaths, 3 being due to cancer of the lung, cerebral haemorrhage and cerebral thrombosis 29 deaths and pneumonia, bronchitis and emphysema 22 deaths.

The work of the home nurse appears to have increased since attachment to general practitioners as is indicated in the number of individual patients attended and the total number of visits paid. There is no doubt that her efficiency has increased by working closely with the family doctor and as a result of this association more short term cases are being referred to her.

The Day and Night Nursing Service is a service which assists relatives in the nursing of members of their families at home—and in practice means that respite can be given to such relatives for one or two nights a week. The service however does not take over the total care of the patient. The number of cases requiring help in the Division was slightly greater in 1968 and at one time two cases had to be refused help because our only unqualified “sitter-in” was fully employed. Towards the end of the year the position improved when a qualified nurse joined the service. Two thirds of all the cases requiring help were in homes where patients were in the terminal stages of cancer.

The pattern of early discharge from hospital after confinement continues and the numbers discharged before the tenth



day have increased considerably this year, so much so that for the first time in the Rural District the percentage of domiciliary confinements has fallen below 50%.

Routine vaccination against measles commenced in 1968 and 430 susceptible children have been protected in the Rural District. It is now theoretically possible to reduce measles to the position of diphtheria or poliomyelitis as regards the incidence of the disease in this country.

In the field of public health we have in the past dealt with problems of domestic water pollution. We are at present dealing with the problem of smoke pollution, but in the last 30 years a vast new technology has developed—a technology which is producing complex chemicals for medical, agricultural, industrial, domestic and military use and which can, and are producing a new form of environmental pollution. These chemical compounds which include insecticides, pesticides, rodenticides and nerve gases are producing problems in the environment because they have intense biological activity in small quantities. As this report is being written some 40 million fish have died in the Rhine probably poisoned by no more than 200lb. of insecticide. Some five years ago fluoroacetamide and sodium fluoroacetate, extremely effective rodenticides and pesticides were withdrawn from general sale following incidents in Wales and at Smarden in Kent where cows, cats and dogs died. At one time solutions containing these compounds could be bought quite freely over the counter for the control of garden pests. In 1968 some 6,000 sheep died in a valley in Utah in the United States of America when a nerve gas was accidentally released and which narrowly missed a crowded highway, and in a similar incident in Okinawa a few days ago 25 men had to be admitted to hospital. Flour made into bread has caused outbreaks of chemical food poisoning after contamination from the spillage of insecticide previously carried in the trucks. D.D.T. is perhaps the most widely known of the insecticides

and is also the most widespread as it can now probably be detected in every living organism on earth.

Despite these recorded incidents the management of chemical substances is often incredibly casual. The United States Army has just been dissuaded from carrying very large quantities of old nerve gas across America and dumping it into the Atlantic. Potent chemicals can still be purchased in this country for use in gardens with little guidance offered to the amateur gardener on their nature, and one does not have to travel far on our roads today before one comes up behind a tanker carrying a notice which states that the contents are dangerous. What is even more important however is that we are probably only at the beginning of this kind of technology and further developments in this field must automatically increase the risk of further environmental contamination if only from accidents or carelessness. However the potential danger is being recognised and the Secretary General of the United Nations has recently published a report which precedes a United Nations conference on this problem which is due to be held in 1972 and it is hoped that it will result in a code of practice which will be implemented by all the member nations.

May I take this opportunity to thank you Mr. Chairman and Members of the Health Committee for your support during the year. I should also like to thank Mr. Heald for his co-operation and assistance, and lastly but by no means least my own staff, professional and clerical for their work, inside and outside normal hours, throughout the year.

GEOFFREY IRELAND,

Medical Officer of Health.



## STATISTICS

Area .....	21,344 acres
Population: Census 1961 .....	20,211
Registrar General's estimate of Resident Population	
mid 1968 .....	23,280
No. of dwelling houses .....	7,902
Rateable value (1.4.68) .....	£636,032
Product of penny rate (1.4.68) .....	£2,479

### Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of
Legitimate	470	249	221	the estimated resident
Illegitimate	20	10	10	population <b>21.0</b>
Still-Births:				Rate per 1,000 (live and
Legitimate	5	3	2	still-births)
Illegitimate	1	—	1	<b>12.1</b>
Total Births:				
Legitimate	475	252	223	
Illegitimate	21	10	11	
Deaths	204	111	93	Death-rate per 1,000 of
				the estimated resident
				population <b>8.8</b>

### Maternal Mortality.

There were no maternal deaths during 1968.

### Infant Mortality.

Eight infants under the age of twelve months died during 1968 giving an infant mortality rate of 16.3 per 1,000 live births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Cerebral Haemorrhage	—	1	—	—	—
Prematurity .....	3	—	—	—	—
Broncho Pneumonia ..	—	—	—	—	1
Blood Incompatibility	1	—	—	—	—
Congenital Malformations .....	1	—	—	—	—
Cardiac failure and acute bronchitis .....	—	—	—	—	1
Total ...	5	1	—	—	2

### Infant Mortality Rate

Total infant deaths per 1,000 live births .....	16.3
Legitimate infant deaths per 1,000 legitimate live births .....	17.0
Illegitimate infant deaths per 1,000 illegitimate live births .....	0.0

### Neo-Natal Mortality Rate.

Deaths under four weeks per 1,000 total live births	12.2
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### Early Neo-natal Mortality Rate.

Deaths under one week per 1,000 total live births ...	10.2
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### Perinatal Mortality Rate.

Still births and deaths under one week combined per 1,000 total live and still births .....	22.2
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CAUSE OF DEATH—WAKEFIELD R.D.

Cause of Death		Males	Females	Total
B.19.1	Malignant Neoplasm — Stomach .....	2	2	4
B.19.2	Malignant Neoplasm — Lung, Bronchus .....	2	1	3
B.19.3	Malignant Neoplasm — Breast .....	—	4	4
B.19.5	Leukaemia .....	—	1	1
B.19.6	Other Malignant Neoplasm, etc. ....	16	11	27
B.21	Diabetes Melitus .....	1	—	1
B.46.1	Other Endocrine, etc. diseases .....	—	1	1
B.46.4	Other diseases of nervous system, etc. ....	—	1	1
B.26	Chronic Rheumatic heart disease .....	—	2	2
B.27	Hypertensive disease .....	—	8	8
B.28	Ischaemic heart disease .....	40	24	64
B.29	Other forms of heart disease .....	6	5	11
B.30	Cerebral Vascular disease .....	15	14	29
B.46.5	Other diseases of circulatory system .....	1	3	4
B.32	Pneumonia .....	1	8	9
B.33.1	Bronchitis and emphysema .....	12	1	13
B.46.6	Other diseases of respiratory system .....	1	1	2
B.37	Cirrhosis of liver .....	—	2	2
B.46.7	Other diseases of digestive system .....	—	1	1
B.39	Hyperplasia of prostate .....	2	—	2
B.46.8	Other disease genito-urinary system .....	—	2	2
B.42	Congenital anomalies .....	2	—	2
B.44	Other causes of peri-natal mortality .....	3	1	4
BE.47	Motor vehicle accidents .....	4	—	4
BE.48	All other accidents .....	2	—	2
BE.49	Suicide and self inflicted injuries .....	1	—	1
Totals all causes ...		111	93	204

ANALYSIS OF DEATHS IN AGE GROUPS

Under 1		1 — 4		5 — 14		15 — 24		25 — 34		35 — 44		45 — 54		55 — 64		65 — 74		Over 75	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	3	—	—	1	1	3	—	2	—	2	2	11	5	20	15	26	22	41	45



**PRINCIPAL VITAL STATISTICS FOR THE YEAR 1968, COMPARISON WITH OTHER AREAS.**  
**Based on the Registrar-General's figures**

	Wake- field R.D.	Ossett M.B.	Morley M.B.	Horbury U.D.	Aggregate West Riding Rural Dis.	West Riding Admin. Cty	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population)	21.0	22.8	18.9	18.1	17.5	17.6	16.9
Death Rates (all per 1000 estimated resident popu- lation). All causes ...	8.8	9.9	11.6	12.3	9.9	11.6	11.9
Tuberculosis of respiratory system .....	0.0	0.06	0.05	0.0	0.0	0.03	0.03
Other forms of tuberculosis	0.0	0.0	0.02	0.0	0.01	0.01	0.01
Cancer .....	1.68	2.01	2.02	2.32	1.88	2.14	2.32
Cerebrovascular Disease .....	1.25	1.65	1.52	1.44	1.46	1.76	*
Heart & Circ. Diseases...	3.82	3.3	4.19	5.52	3.60	4.34	*
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	1.03	1.53	1.80	1.99	1.46	1.66	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	16.3	12.9	26.5	6.1	15.5	18.5	18.3
Maternal Mortality Rate (deaths of mothers due to pregnancy or child birth per 1,000 live and still births) .....	0.0	0.0	0.0	0.0	0.11	0.09	0.24
Still Birth Rate (per 1000 live and still births) ...	12.1	10.2	10.7	0.0	14.2	14.3	14.3
Perinatal Mortality rate	22.2	12.8	25.0	0.0	23.0	25.0	24.7.
Neonatal Mortality rate ..	12.2	5.2	16.8	0.0	9.9	12.1	12.4

\* Figures not available.

# **VITAL STATISTICS OVER THE TEN YEARS 1959-1968**

Year	Birth Rate	Peri-natal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of		No. of Deaths	
								Pul-monary	Non-Pul-monary	Diphtheria	Polio-myelitis	T.B. All forms	Cancer of lung and bronchus
1959	17.3	*	22.4	9.8	22.9	0.00	1.78	0.00	0.00	0	0	0	6
1960	18.0	39.4	31.5	10.5	13.6	0.00	1.95	0.00	0.00	0	0	0	8
1961	18.7	55.4	32.7	10.8	31.2	0.00	1.90	0.00	0.00	0	1	0	7
1962	17.2	40.7	24.4	10.3	16.7	0.00	1.57	0.05	0.00	0	0	1	3
1963	19.0	34.3	9.8	10.6	39.6	0.00	1.41	0.00	0.00	0	0	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	0.00	0.00	0	0	0	4
1965	18.0	17.4	17.4	9.8	7.6	0.00	1.36	0.00	0.00	0	0	0	1
1966	19.2	31.8	18.2	11.1	23.1	0.00	1.95	0.04	0.00	0	0	1	14
1967	20.5	23.3	8.5	9.3	23.5	2.12	1.71	0.04	0.00	0	0	1	7
1968	21.0	22.2	12.1	8.8	16.3	0.00	1.68	0.00	0.00	0	0	0	3

\* Figures not available.



## INFECTIOUS DISEASES

### Annual Notification 1964-1968

Diseases	Year of Notification				
	1964	1965	1966	1967	1968
Infective Jaundice ...	*	*	*	*	2
Scarlet Fever .....	5	7	11	8	14
Whooping Cough .....	5	2	12	36	6
Acute Poliomyelitis ...	—	—	—	—	—
Measles .....	88	125	381	147	151
Diphtheria .....	—	—	—	—	—
Dysentery .....	—	3	1	5	—
†Meningococcal Infection .....	—	1	2	—	—
†Acute Pneumonia ...	3	4	2	1	1
Smallpox .....	—	—	—	—	—
Acute Encephalitis ....	—	—	—	—	—
Typhoid Fever .....	—	—	—	—	—
Paratyphoid Fever ....	—	2	—	—	—
†Erysipelas .....	—	1	—	1	—
Food Poisoning .....	2	—	1	1	—
†Puerperal Pyrexia ...	—	—	—	—	—
Ophthalmia Neonatorum .....	—	—	—	—	—
Pulmonary Tuberculosis .....	—	3	4	3	1
Other forms of Tuberculosis .....	—	—	1	1	—
Malaria .....	—	—	—	—	—
Anthrax .....	—	—	—	—	—

\* Infective Jaundice became notifiable in June, 1968.

† To be deleted or amended from 1.10.68.

Under the Health Services and Public Health Act 1968 various changes in the notification of infectious diseases occurred as and from 1st October, 1968. These changes included the amendment or deletion of some diseases now notifiable and the addition of others. To avoid confusion the old list is shown above and will be amended where necessary in 1969.

## TUBERCULOSIS

Cases requiring examination are referred to either the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at 74 New Briggate, Leeds or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives the position regarding tuberculosis in Wakefield Rural District in 1968:—

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register on 1st January, 1968 .....	23	14	37	2	3	5	42
No. first notified during 1968 .....	1	—	1	—	—	—	1
No. of cases restored to Register .....	—	—	—	—	—	—	—
No. of cases entered in Register otherwise than by notification .....	—	1	1	—	—	—	1
No. removed from Register during 1968							
(a) Died .....	1	—	1	—	—	—	1
(b) removed from district .....	—	—	—	—	—	—	—
(c) recovered .....	3	1	4	—	1	1	5
No. remaining on Register at 31st Dec., 1968 .....	20	14	34	2	2	4	38

The number of new cases and the number of deaths notified during 1968 are given in detail in the following table:—

Age Period	NEW CASES				DEATHS			
	Respira- tory		Non- Respira- tory		Respira- tory		Non- Respira- tory	
	M	F	M	F	M	F	M	F
0-5 .....	—	—	—	—	—	—	—	—
6-14 .....	—	—	—	—	—	—	—	—
15-24 .....	—	—	—	—	—	—	—	—
25-44 .....	—	—	—	—	—	—	—	—
45-64 .....	1	—	—	—	1	—	—	—
65 and over ..	—	—	—	—	—	—	—	—
Totals .....	1	—	—	—	1	—	—	—

### MASS RADIOGRAPHY

The mobile unit of the Leeds Regional Hospital Board visits Wakefield Rural District every two years and no visit was made in 1968.

## **WEST RIDING COUNTY COUNCIL HEALTH SERVICES**

### **LOCAL ADMINISTRATION**

#### **CHILD HEALTH CLINICS**

Mini Clinic, Crofton \* Monday 2—4 p.m.

Mini Clinic, Sharlston \* Tuesday 2—4 p.m.

Health Centre, Ramsey Cres., Middlestown \* Tuesday  
2—4 p.m.

Village Institute, Crigglestone \* Thursday 2—4 pm.

#### **MOBILE CLINIC.**

Netherton—Alternate Tuesdays 2—4 p.m.

Recreation Ground, Walton—Alternate Mondays  
9-30—11-30 a.m.

Long Row, Sharlston — Alternate Mondays 2-00—3-00  
p.m.

Park Avenue, Kirkthorpe—Alternate Mondays, 3-15—4-0  
p.m.

Notton—Alternate Wednesday 2-00—3-00 p.m.

Woolley—Alternate Wednesday 3-00—4-00 p.m.

#### **MOTHER CRAFT & RELAXATION CLINICS:**

Mini Clinic, Crofton Tuesday 2—4 p.m.

Mini Clinic Sharlston—Monday 2—3 p.m.

Health Centre, Ramsey Crescent, Middlestown—  
Wednesday 2—4 p.m.

Village Institute, Crigglestone, Monday 2—4 p.m.

#### **SPECIALIST SCHOOL CLINICS.**

Dental Clinic—Held at Ossett and Wakefield. By  
appointment.

Ophthalmic Clinic—Held at Ossett and Wakefield. By  
appointment.

Child Guidance Clinic—Held at Ossett by appointment.

Speech Therapy—Held at Ossett by appointment.

#### **IMMUNISATION AND VACCINATION CLINICS**

All Child Health Clinics.

#### **CERVICAL CYTOLOGY CLINIC**

By appointment through Divisional Office.

#### **CHIROPODY**

Mini Clinic, Crofton—Friday 2—4 p.m. by appointment.

Mini Clinic, Sharlston—Tuesday 9—noon by appointment

Health Centre, Ramsey Crescent, Middlestown—Tuesday  
9—noon by appointment.

Village Institute, Crigglestone—Wednesday 9—noon by  
appointment.



## MOBILE CLINIC

Walton—By appointment.

Kirkthorpe—By appointment.

Sharlston—By appointment.

Newmillerdam—By appointment.

\* Combined with a School Clinic Session.

## CLINICS

## Child Health Clinics

Clinic	No. of Sessions	No. of children who attended and were born in		Total No. of attendances made by children born in		Average attendances per session
		1968	1963-67	1968	1963-67	
Mini Clinic						
Sharlston ...	48	54	128	412	439	18
Village Inst.						
Crigglestone	51	106	117	426	254	13
Mini Clinic						
Crofton ...	49	87	153	539	409	19
Health Centre						
Middlestown	48	45	112	429	767	25
Walton						
Mobile .....	21	43	69	169	167	16
Sharlston and Kirkthorpe						
Mobile .....	21	25	31	128	126	12
Notton and Woolley						
Mobile .....	20	15	8	92	46	7
Netherton						
Mobile .....	14	25	14	185	56	17
<b>Total .....</b>	<b>272</b>	<b>400</b>	<b>632</b>	<b>2380</b>	<b>2264</b>	<b>17</b>



## Mothercraft and Relaxation Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Mini Clinic, Crofton ...	43	14	122
Health Centre, Middlestown .....	42	81	349
Total .....	85	95	471

Due to an acute shortage of midwives throughout the Division Mothercraft and Relaxation were able to be held only at the above Clinics.

## Cervical Cytology Clinics

Clinic	No. of Sessions held	No. of Patients attending	No. of smears taken	No. of Positive Smears	No. of women referred to G.P. for breast tumours
Mini Clinic, Crofton .....	20	229	212	—	1
Village Institute, Crigglestone	6	85	83	—	2
Health Centre, Middlestown ...	4	80	77	—	2
Mobile Clinic .....	14	137	134	—	1
Totals .....	44	531	506	—	6

## Dental Treatment for Expectant and Nursing Mothers

Expectant and nursing mothers are referred from ante natal or child health clinics to the local health authority Dental Clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by a local Health Authority staff and inspected for treatment were 32 in the Division, but only 17 of these completed treatment.

## Provision of Welfare Foods

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are distributed at the Child Health Clinics, and some proprietary brands of milk and other infant foods are also sold at the Child Health Clinics for the convenience of mothers.

## HOME NURSING

The Home Nursing Service in the Rural District of Wakefield is undertaken by four whole-time nurses attached to general practitioners within the area. A relief nurse is available when required.

### Type of Patient under Care of Home Nurse in Horbury during 1968

Classification	No. of individual patients attended	Total number of visits made
Medical .....	366	10987
Surgical .....	124	2037
Infectious Diseases .....	—	—
Tuberculosis .....	3	245
Maternal Complications .....	14	109
Other Conditions .....	5	28
<b>Total .....</b>	<b>512</b>	<b>13406</b>

## Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near "breaking point", having cared for a patient at home for considerable time, and this service is very much appreciated by those relatives who have been under severe strain. Persons employed are trained nurses persons with nursing experience or sitters-in. The full cost of this scheme is met by the County Council. Two cases in Wakefield Rural District received assistance under this scheme during 1968. The total number of hours assistance being three hundred and seventy.

**No. of cases and hours worked in Day and Night Nursing  
Service in the Division in 1968**

Area	Cases			Hours		
	Cancer	Other Illness	Total Cases	Cancer	Other Illness	Total Hours
Ossett .....	2	1	3	120	12	132
Morley .....	7	2	9	490	229	789
Horbury .....	—	1	1	—	12	12
Wakefield Rural .....	1	1	2	286	84	370
Total ...	10	5	15	896	407	1303

**MIDWIFERY**

Four whole-time midwives were employed by the County Council to serve the Wakefield Rural District during 1968.

The following table shows the number of women confined in hospital, private nursing home, or delivered by midwives and private practitioners in Wakefield Rural District and elsewhere.

Place of Delivery	No.	Percentage of total
Delivered in hospitals .....	290	58%
Delivered in private nursing homes	—	0.0%
Delivered by Midwife	206	42%
Total (including still-births) .....	496	100%

During 1968 the practising midwives did not summon medical assistance to any mother.

**Early discharges of mothers from hospitals in the Division  
1967-68**

	1967	1968
Patients discharged at 48 hours .....	200	233
Patients discharged after 48 hours (up to and including the 5th day) .....	179	251
After the 5th day but before the 10th day...	159	210
	—	—
	538	694



### Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

### Analgesia.

All midwives are trained in the administration of trilene analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor, and during the year one hundred and ninety two women received trilene.

### Emergency Obstetric Unit.

The "flying squad" attached to the General Hospital, Wakefield, is available for obstetric emergencies occurring within the district.

### Care of Premature Infants.

Special equipment is available for use in the home when necessary.

### Survival of Premature Babies in the Rural District in 1968 (Domiciliary and Hospitals)

Weight at Birth	No. of Premature Babies		No. Dying within 28 days	No Surviving 28 days
	Born Alive	Born Dead		
Under 2½ lb. ....	1	—	1	—
2½ to 3 lb. ....	1	—	1	—
3 to 3½ lb. ....	1	1	—	1
3½ to 4 lb. ....	3	—	—	3
4 to 4½ lb. ....	8	—	—	8
4½ to 5 lb. ....	5	—	—	5
5 to 5½ lb. ....	8	1	1	7
<b>Total .....</b>	<b>27</b>	<b>2</b>	<b>3</b>	<b>24</b>

### Maternity Liaison

No invitations were received to Maternity Liaison Committees during the year.

## HEALTH VISITING

There are four Health Visitors working in the Wakefield Rural District. One is attached to the practice of Dr. Bradshaw, one to the practice of Dr. Collomosse and Smith, one to the practice of Dr. Ashwell and one to the practice of Drs. Wightman, Henderson and Mulroy. They are helped by one assistant Health Visitor.

### Summary of Health Visitor's Home Visits in Wakefield Rural District for 1968

Children aged 0-5 years	
First visits .....	1807
Re-visits .....	3417
Total .....	5224
Persons aged 65 years and over:	
First visits .....	358
Re-visits .....	1158
Total .....	1516
Visits to Home Help Cases .....	1605
Mental Health Visits .....	16
Visits to Hospital Discharges .....	24
Household Visits (T.B. and Infectious Diseases) .....	15
Other Visits .....	1077

### Phenylketonuria

The "Phenistix" test on all new born babies has continued in the Division and during the year 1,877 babies were tested either in Clinics or in the home. All children tested, except one, proved negative and thus free from a disease which, if not treated in the early weeks of life, can produce severe mental subnormality. The positive case was confirmed as positive on serum testing at the hospital laboratory. This case was from Ossett.



### **Congenital Dislocation of the Hip (Ortolani Test).**

This test checks the hip abduction movement. A positive case, which indicates a congenital dislocation of the hip, must be referred promptly to an Orthopaedic Consultant for confirmation of diagnosis and early treatment should this be indicated, in order to avoid a prolonged treatment or a permanent handicap in later life. In the Division three babies were referred to a specialist during 1968 and all were confirmed as cases of congenital dislocation of the hip. One child was from Morley and two were from Ossett.

### **HOME HELPS**

In accordance with the National Health Service Act, the County Council provide domestic help for householders "where such help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged, or a child not over compulsory school age".

Home Helps were provided in the Wakefield Rural District for the following reasons:—

	Cases	Hours
Maternity .....	2	62
Chronic Sick and Tuberculosis .....	177	27395
Others .....	2	13
Total ...	181	27470

There were 181 cases attended by Home Helps during 1968 compared with 215 in the previous year, and the total number of hours worked was 27,470. This is 3,434 less than in 1967.

## CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given below:—

Clinic	Sessions held	No. of Patients Treated				Total Treatments Given			
		A	PH	EM	Total	A	PH	EM	Total
Crofton .....	11	29	—	—	29	90	—	—	90
Crigglestone .....	37	56	9	—	65	258	38	—	296
Middlestown .....	22	43	—	—	43	175	—	—	175
Sharlston .....	22	39	1	—	40	166	3	—	169
Mobile Clinic .....	26	56	—	—	56	253	—	—	253
Total .....	118	223	10	—	233	942	41	—	983
Domiciliary Treatments .....		111	15	—	126	406	65	—	471
Grand Total ....	118	334	25	—	359	1348	106	—	1454

A — Aged

PH — Physically Handicapped.

EM — Expectant Mothers.

The Chiropdy Service is limited to expectant mothers, men and women of pensionable age and of those of any age who are physically handicapped. Treatment is free but each person is normally limited to a maximum of six clinic or domiciliary visits in any period of twelve months.

### IMMUNISATION AND VACCINATION

In accordance with the National Health Service Act immunisation against diphtheria and vaccination against whooping cough, tetanus, smallpox & poliomyelitis may be done either at the clinic or by the Family Doctor.

The number of children in the Wakefield Rural District who completed a primary course of immunisation or vaccination in 1968 was as follows:—

Type of Immunisation or vaccination	Year of Birth					Others under Age 16	Total
	1968	1967	1966	1965	1961-64		
Diphtheria	97	193	5	4	14	11	324
Whooping Cough	96	193	5	4	3	—	301
Tetanus	97	193	5	4	12	14	325
Poliomyelitis	96	198	7	8	37	15	361
Measles	—	57	57	47	260	9	430

The number of children in Wakefield Rural District who received re-inforcing doses during 1968 was as follows:—

Type of Immunisation or Vaccination	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961-64		
Diphtheria	—	135	142	4	353	362	996
Whooping Cough	—	132	141	3	5	—	281
Tetanus	—	133	142	4	342	341	962
Poliomyelitis	—	133	141	1	339	204	818

The reason for the apparently poor response for primary protection this year is due to the fact that the immunisation and vaccination schedules were altered at the beginning of 1968. Under the previous schedule protection was commenced at about 3 months and occurred at monthly intervals until three



doses had been given, with boosters at 18 months and at school entry. With the new schedule recommended by the then Ministry of Health protection is now given at six months, eight months, and fourteen months with a booster at school entry. Measles vaccination is offered at sixteen months and smallpox vaccination at eighteen months. The introduction of this new schedule has, therefore, postponed completion of primary protection by many months and accounts for the low returns this year.

### **Vaccination against Smallpox.**

During the year 146 people were vaccinated against smallpox and nine persons received re-vaccination.

### **B.C.G. Vaccination against Tuberculosis.**

The Vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in 1968 and the acceptance rate was approximately 70%.

The following table is a summary of the work carried out in the year:—

School	No. of children whose parents accepted	No. of children Heaf Tested	No. with positive reaction	No. with negative reaction	Not ascertained.	No. vaccinated
Crigglestone C/Sec. ....	42	42	—	34	8	34
Crofton Cty. Secondary	96	96	11	55	30	55
<b>Totals ...</b>	<b>138</b>	<b>138</b>	<b>11</b>	<b>89</b>	<b>38</b>	<b>89</b>



B.C.G. Vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of cases of tuberculosis and in certain other cases.

### **NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948**

This Regulation Act was amended during the year by the Health Services and Public Health Act 1968 but the amendment did not become operative in the West Riding until early in 1969. Under this Act the County Council is authorised to grant or refuse registration of both nurseries and child minders. Several enquiries for registration have been investigated but only one child minder has been registered during the year in Wakefield Rural District. Three Playgroups commenced in the district in 1968, though not requiring to be officially registered under the Act, have received unofficial inspection by the Health Department.

### **CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES**

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of fifty four cases have been discussed at the meetings during 1968, fourteen of them from Wakefield Rural District.

## WHAT IS A HEALTH VISITOR ?

The National Health Service Act 1946 makes it obligatory upon local Health Authorities to provide health visitors "for visiting persons in their homes for the purposes of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection". A health visitor is a State Registered Nurse with some experience in midwifery but not necessarily a State Certified Midwife. In addition she holds the Health Visitors' Certificate which is obtained after one academic year of full-time training.

Much of the health visitors time is devoted to maternity and child health work, i.e. the care of expectant and nursing mothers and the child under the age of 5 years but she also has other duties in the school health service and the control of notifiable diseases and verminous conditions. As a social worker, teacher, advisor and a link between the medical and social services the health visitor plays an important part in the personal health services provided by local Health Authorities. In 1956 the findings of an "Inquiry into Health Visiting" were published and among its many recommendations were the following: the primary function of the health visitor is to provide social advice and health education for the family. While recognising the important relationship to the mother and child the health visitor must extend her responsibilities to deal with the aged and the mentally subnormal and to give some advice in the case of mental illness, including child guidance. She should be prepared to assist disabled persons and handicapped children, and the care of tuberculosis persons should fit in with her preventive outlook. In all her work, she must be closely associated with the general practitioner but also co-operate with the hospital medical social workers and with the other field workers of the local Health Authority—midwives, home nurses and public health inspectors.

The health visitor's duty begins with the notification of the birth of a child by a midwife which is received by the Medical Officer of Health within thirty-six hours of the birth unless the confinement occurred outside the normal area of domicile when it becomes a transferable birth notification between medical officers of health and in such cases may not be received until 3—4 days have elapsed. Usually the health visitor visits the infant at home as soon as the midwife ceases to attend and until the Health Services and Public Health Act 1968 the period of 10 days after birth was considered to be the sole prerogative of the



midwife. However whereas the midwife is statutorily still bound to attend during this lying-in period the health visitor can now also attend during this period if required.

At the first visit the health visitor completes her own record card and obtains the parent's consent for immunisation and vaccination which is returned to the Divisional Office for onward transfer to Wakefield. This information is passed to the West Riding computer and in due course results in appointments being issued either for attendance at a clinic or at the general practitioners surgery (if he is participating in the computer scheme). The choice of whether the protection is given at the clinic or by the family doctor is that of the parent. The first screening test is performed at this time and this test checks the hip movements to exclude any congenital dislocation. A positive case is referred through the general practitioner to an Orthopaedic Surgeon for confirmation of diagnosis and early treatment should this be indicated. Such early ascertainment avoids prolonged treatment or even permanent handicap in later life. At this visit the health visitor offers the mother an application form for an appointment at the Cervical Cytology clinic provided, of course, if it was a hospital confinement, no arrangements for such an examination have been made by the hospital at the post-natal examination.

It is expected that the health visitor will make periodic visits to the home during the first year and at less frequent intervals during the subsequent four years of pre-school life. A visit is made at 4 weeks when the phenylketonuria test is performed. This is a urine test using a prepared reagent strip of paper, and when dipped into a fresh specimen of urine or pressed on a wet napkin changes colour in positive cases and indicates that the child has a serious metabolic condition which unless adequately treated could lead to the development of severe mental sub-normality. This is not a common condition and occurs in about 1 in 10,000 births and since 1960 when testing first began in the West Riding 3 cases have been detected in this Division all of which so far have been successfully treated. Consideration is being given to the use of an improved test which requires a drop of blood on a filter paper and can be obtained relatively easily from a small skin prick on the heel. The problem at the present time, however, is the fact that the undertaking of this test requires laboratory facilities and the adequacy of these are at present under discussion.

Another important occasion when the health visitor will see the infant is between six and nine months when the first hearing test is performed. This test requires the presence of two nurses and as far as possible is undertaken in the clinic where the facilities are usually better than in the home. Appointments for this test are also supplied by the computer and all children who either fail to attend for testing or fail the test are followed up by means of the computer which sends out appointments at 18 months, 30 months and 4½ years. The information which is fed back to the computer will eventually contain a diagnosis if the child is deaf and a list of such children in the West Riding will be built-up. As a result of this testing early ascertainment of a deaf or partially hearing child is made and this means that treatment followed by arrangements for the pre-school training and education can be undertaken at an early age.

The health visitor will also see a large number of the children of the practice or practices to which she is attached at the Child Health Clinic. In the past such clinics were dominated by the weighing scales and any advice that was given to the mother was usually tendered when the baby was being weighed (which occurred in some cases on a weekly basis). It is now recognised that such regular weighing gives, at the best, only a crude indication of the progress of any child and in this division we have now turned towards regular assessments of development which in the first year of life takes place at one, three, six, nine and twelve months of age. These assessments are performed by the health visitor according to the prescribed list of tests for the age of the child and the results she obtains together with her intuition and any other information from other sources such as hospital and family doctor help her to decide whether she should refer the child for a full assessment by the clinic doctor who is now beginning to adopt an appointment system at the clinic. All children when they attend a Child Health Clinic for the first time are given an appointment to see the clinic doctor for a full medical examination and if this examination is normal all subsequent assessments can be related back to this original report when the question of slow or poor progress is raised. The purpose is to detect those children who may require assistance in the future because of a handicap—particularly in the field of education—and to institute or initiate as and when necessary any remedial measures including referral to the appropriate specialist through the family doctor and in some cases attendance at a special



school or centre when the appropriate age is reached. Such methods which detect handicapped children early in their life enable the Education Department to plan ahead as regards special educational facilities. The deaf test already mentioned is, of course, an integral part of this procedure and is mentioned separately only because it is a scheme practised throughout the country whereas assessment testing in the general sense varies from one divisional area to the next. It is proposed to continue with developmental testing in this Division between the ages of one and four years but at less frequent intervals than during the first year.

Health education is also the responsibility of the health visitor and this she practices by personal contact with individual mothers and also by group contact in the clinics when she can arrange talks, discussions and filmshows on health topics inside and outside the clinic. In this respect health visitors are entering both Junior and Secondary Schools where they give a planned series of talks to the pupils at the request of the Head teacher.

The health visitor is directly concerned with the immunisation and vaccination programme both from an educational point of view and practically as in addition to explaining to parents of the reasons for protecting their child she also administers injections, etc., as part of her duties in the clinic. She is able to offer protection against diphtheria, whooping cough, tetanus, poliomyelitis and measles but she does not vaccinate against smallpox, however, and this is still undertaken by the clinic doctor or general practitioner.

In spite of all this rather specialised work one must not lose sight of the fact that the health visitor serves in an advisory capacity and mothers and others with problems can approach her either in or out of the clinic for advice. In this respect she is no longer professionally isolated as all health visitors in this Division are attached to general practitioners which means that she undertakes her duties for the particular patients on a doctor's list rather than for a geographical area. This now gives her direct access to the respective general practitioners with whom she can discuss individual patients and if necessary ask for a medical opinion. This, of course, is a two-way process and the general practitioner will discuss his patients with the health visitor and ask for her opinion. The attachment scheme has worked quite well and liaison between the majority of general practitioners and the health department

has never been so good. Surveys on recent attachment schemes have indicated that no fundamental change occurs in the content of work by the health visitor as a result of attachment and that closer co-operation might well lead to an improved service in the future.

There are many other duties which concern the health visitor. She is responsible for the assessment of the need for a home help and the subsequent follow-up which takes up a good deal of her time—so much so in fact that assistant health visitors have recently been employed to undertake the routine part of this and other work. She is responsible for the assessment of domestic circumstances for hospitals in cases where application for a hospital bed has been made for an elderly person, the assessment of housing circumstances when an application has been made for rehousing on medical grounds, and the investigation of cases of infectious disease in conjunction with the public health inspector when she is able to offer advice to the householder on personal and domestic hygiene. In some cases the health visitor liaises with the paediatrician or the geriatrician in the hospital and is concerned principally with discharges from hospital and their aftercare. The health visitor in most authorities is also the school nurse and she has allocated to her a number of schools which are her responsibility as regards hygiene examinations, vision testing, hearing testing, colour vision testing, health education and assisting at medical examinations. As with the home help service assistant health visitors have been employed to help with these duties, but always under the day-to-day supervision of a health visitor.

All this is more or less routine work—but those who have some dealings with social work will know that a particular problem can occupy a day, two days or even a week. May I illustrate this with the case of Family W. This family consisted of a husband aged 63 and his wife aged 66. There were no children. This couple had lived in a small house for a number of years and had had no cause to see their doctor for at least 15 years. Information came to the department from the rent collector that all was not well at this house and some assistance might be required. The health visitor called on several occasions but could not gain admission. She learned from neighbours that the husband left for work about 8-0 a.m. and returned at variable times in the evenings. There was a question of some degree of subnormality and this was related more to the wife than the husband and because of this she enlisted



the help of the mental welfare officer. On the fourth visit to the house the wife opened the door and let them in and in the gloom and grime of the living room they found little food, no cooking facilities, a broken sink and the electrical system in a hazardous condition. The house had not been cleansed in a good many years and what bed linen was in use on the bed was in a filthy condition. None of the upstairs rooms were occupied and this couple had withdrawn to the two downstairs rooms, one of which contained the bed. The woman herself was clearly neglected and unwell and possibly suffering from a senile psychosis. It was obvious that further action was required as a matter of some urgency and at 10-0 a.m. the following morning the house was visited by the general practitioner, medical officer of health, public health inspector, health visitor and mental welfare officer. The wife was examined by the general practitioner and as a result arrangements were made for immediate hospital admission. The public health inspector arranged to clean out all the accumulated rubbish and the health visitor assembled what clean linen etc. she could find. All this was with the co-operation of Mr. W who seemed pleased that such assistance had seemingly materialised out of the blue. Once the rubbish was moved the health visitor arranged for the attendance of two home helps to clean out the house and followed this by obtaining wallpaper and arranging for pupils at a local school to decorate the two downstairs rooms. Second-hand furniture and a cooker was obtained from various sources and the sink and electrical system attended to by the landlord. It would be pleasant to record that Mrs W returned home after treatment but so far her condition has not improved sufficiently for this to take place.

All this took time—it took a great deal of time and had to be fitted in with the normal routine tasks of health visiting.

There is no doubt that the health visitor with her medico-social approach to problems is unique in the field of social work. Few would disagree that many medical conditions have related social problems or conversely that many social problems have an associated medical condition and therefore of all the social workers present or future there are none who can fulfill the role of advisor to the family more completely than the health visitor.

## **WEST RIDING COUNTY COUNCIL HEALTH SERVICES DIVISIONAL ADMINISTRATION**

### **HEALTH EDUCATION**

Health education activities have continued to be carried out by health visitors during their visits to homes, clinics and schools. In the latter case the activities have been extended to include Grammar School and three Junior Schools. Of the two Grammar Schools and six Secondary Schools in the Division only one of the former and one of the latter are not included in the Health Education Programme. The health education activities appear to be well liked by the pupils who are encouraged to take an active part and they frequently enter into lively discussion with the health visitor concerned.

Poster displays are put up in local clinics, general practitioner's surgeries, libraries and other sites, and leaflets and bookmarks are used where appropriate. The topics used in 1968 were as follows:—

Children need toys  
Care for your feet  
What to eat and why  
Gardening hazards  
Poisonous berries and fungi  
Home Safety  
Bonfire hazards  
Good teeth are top gear  
Buy safe for Christmas

### **THE UNMARRIED MOTHER AND MOTHER AND BABY HOMES**

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the later period of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Nineteen such cases were accommodated in Mother and Baby Homes during the year.



Of the total of 109 live illegitimate births, 65 were dealt with in this Division as indicated below:—

	West Riding Cases	Non- County Cases	Total
1. No. of cases dealt with during the year .....			
(a) Referred by Moral Welfare Organisations	7	—	7
(b) Ascertained through own staff (midwives, etc.) .....	30	—	30
(c) Referred by other services .....	28	—	28
TOTALS ...	65	—	65

	West Riding Cases	Non- County Cases	Total
2. Analysis:—			
(a) Married* (i) with previous illegitimate children .....	3	—	3
(ii) Without previous illegitimate children .....	11	—	11
(b) Single (i) with previous illegitimate children .....	6	—	6
(ii) without previous illegitimate children ...	43	—	43
(c) Widowed or Divorced			
(i) with previous illegitimate children .....	—	—	—
(ii) without previous illegitimate children ...	2	—	2
TOTALS ...	65	—	65

\*For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

	West Riding Cases	Non- County Cases	Total
3. Ages:—			
(a) Under 15 .....	—	—	—
(b) 15—19 .....	24	—	24
(c) 20—24 .....	25	—	25
(d) 25—29 .....	11	—	11
(e) 30—39 .....	4	—	4
(f) 40 and over .....	1	—	1
TOTALS ...	65	—	65

	West Riding Cases	Non- County Cases	Total
4. Disposal:—			
(a) Cases settled:—			
(i) Marriage .....	2	—	2
(ii) Baby died .....	1	—	11
(iii) Grandparents to take baby home .....	3	—	3
(iv) Baby adopted .....	9	—	9
(v) Baby fostered .....	1	—	1
(vi) Mother keeping baby .....	49	—	49
(b) Cases referred else- where .....	—	—	—
(c) Cases in which action has been taken but not finally settled .....	—	—	—
TOTALS ...	65	—	65

## **CARE AND AFTER-CARE**

### **Recuperative Home Treatment**

Ten patients were sent to various convalescent homes from this Division during the year following the medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

### **Provision of Nursing Equipment in the Home**

1,165 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheelchairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

### **Incontinent Patients**

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service has been largely superseded by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

### **Hospital Liaison**

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital, one carrying out geriatric liaison with Headlands Hospital, Pontefract, and one diabetic liaison with Clayton Hospital, Wakefield.

### **Premature Baby Liaison**

This takes place at Manygates Hospital and Wakefield General Hospital. The Health Visitor visits weekly and obtains environment reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The Health Visitor also attends a follow-up clinic at Manygates Hospital.

**Diabetic Liaison**

The Health Visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

**Geriatric Liaison**

Geriatric Liaison work at the beginning of the year consisted of social reports and discharge rounds at the County Hospital Wakefield and Headlands, Pontefract.

Most of the patients from Division 13 are now admitted to the County Hospital Wakefield and as the Geriatrician, Dr. Seinatamby discontinued the discharge rounds work now consists of social reports for the Wakefield Hospital when required.



## MENTAL HEALTH

### Mental Welfare Officers

There are three Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons and with the admission of such persons to hospital when this becomes necessary. A twenty-four hour admission service is operated.

### Psychiatric Social Club

This Club meets every week at Morley Central Clinic on Thursday evenings at 7-30 p.m. About 15 out of a possible 25 members turn up at the Club evenings and the mental welfare officers help in the arrangement of activities. The purpose of the club is to assist in the social re-integration of patients discharged from hospital and to serve as a link between hospital and domiciliary services. It is essentially a friendly group where members can meet others who, if they do not have their problems at least understand them.

### Ossett Junior Training Centre

The year started with 23 children on the register, three children were admitted and four left such that at the 31st December, 1968, 22 children were in attendance. Of the four discharges, two were transferred to the West Ardsley Centre on attaining the age of 11 years, one was admitted to a school for educationally subnormal pupils and one child left the area.

Age and Sex of Children in Attendance at Ossett  
Training Centre at 31st December, 1968

	AGE							
Sex ....	4+	5+	6+	7+	8+	9+	10+	Total
Male	1	2	—	5	2	3	1	14
Female	2	—	—	—	4	2	—	8
Total ..	3	2	—	5	6	5	1	22

## West Ardsley Training Centre

There were 84 trainees in attendance at the Centre at the end of 1968, with the ages ranging from 6 to 52 years.

Age and Sex of Children in Attendance at West Ardsley Training Centre at the 31st December, 1968

Section	J U N I O R   W I N G												Spec- ial Care Unit	Total				
	Junior Group						Transitional											
	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	15+							
Age													16+	20+	30+	40+	Vari ous Ages	
Male	—	1	3	—	—	1	2	1	—	—	—	1	6	10	2	8	2	36
Female	—	1	1	2	—	2	2	—	1	1	1	—	7	11	9	6	4	48
Totals	—	2	4	2	—	3	4	1	1	1	1	1	13	21	11	14	6	
Places	15						4						M.26 F.33			48		
	12						12						M.23			F23	6	
																	76	

Seventeen persons were admitted during the year including four children under the age of sixteen and 15 adults, eleven of whom resided at Healey Croft Hostel. One of the children was admitted to the Special Care Unit.

There were 20 discharges in the same period, three children under the age of sixteen years, one of whom was transferred to a school for educationally subnormal pupils, and 17 adults, nine of whom obtained work in open industry.

Internally two boys and two girls were transferred from the Junior Wing to the Adult Department.

### Healey Croft Hostel.

Healey Croft, completed in 1965, has places for 30 subnormal adults 15 male and 15 female. There were ten admissions during the year summarised as follows:

Short stay admissions .....	4
Admission from hospital .....	1
Admission from County Children's Home .....	1
Admissions from community on social grounds .....	4

The eleven discharges which occurred during the same period are summarised as follows:—

Short stay admissions .....	5
Discharge to lodgings .....	3
Returned to former home .....	3

There was a waiting list of 10 potential residents at the end of the year.

### Age and Sex of Residents at Healey Croft at the 31st December, 1968

Sex	AGE								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
Male ....	—	3	—	2	4	3	2	—	14
Female .	—	6	—	—	3	4	2	—	15
Total .	—	9	—	2	7	7	4	—	29

By the end of the year 8 male and 4 female residents were in employment while the remainder attended West Ardsley Training Centre. Eleven residents admitted between August and December, 1965, and seven residents admitted between January and December, 1966, remain in residence at Healey Croft.



A house in Morley which had been adapted to take sub-normal adults as lodgers was opened during the year and a landlady was appointed. Three residents 1 male and two female were transferred from Healey Croft and settled in remarkably quickly.

### **Lee Grange Hostel.**

Lee Grange opened in 1968 and has places for 20 adults, 10 male and 10 female, who are recovering from mental illness. The first resident was admitted on the 28th July and by the 31st December there had been 17 admissions and 8 discharges.

#### **Age and Sex of Residents at Lee Grange at 31st December, 1968**

Sex	16+	19+	22+	25+	30+	40+	50+	60+	Total
Male .....	—	—	—	—	1	1	3	—	5
Female .....	—	—	1	1	1	1	—	—	4
Total ....	—	—	1	1	2	2	3	—	9

This is a short stay hostel and its use must depend upon good liaison with the nearby hospitals in Wakefield, Leeds, Bradford and Huddersfield.

## SCHOOL HEALTH SERVICE

Under the routine and selective scheme of medical examinations, 2,975 children were examined in 1968, and there were no children who were considered to have an unsatisfactory general physical condition.

## SCHOOL POPULATION

	Morley	Ossett	Horbury	Wake- field Rural	Total
No. of departments ...	29	11	6	18	64
No. of children in attendance .....	6790	2871	1455	2994	14110
No. of children examined .....	1513	610	265	587	2975

The number of children examined on entering Infant schools and the number leaving Secondary Schools were as shown in the following table:—

## ROUTINE SCHOOL INSPECTIONS

Group	Morley		Ossett		Horbury		WakefieldR		Total	
	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis
Entrants	709	—	324	—	139	—	349	—	1521	—
Leavers	486	—	222	—	102	—	158	—	968	—
Total	1195	—	546	—	241	—	507	—	2489	—

Children attending Junior Schools are covered by the non-routine Scheme, and the number of these children who were examined are shown under "Selective Examinations" in the following table:—

Type of Examination	Morley	Ossett	Horbury	Wake- field Rural	Total
Special examinations ...	563	135	67	154	919
Selective examinations .	318	64	24	80	486
Total .....	881	199	91	234	1405

## Cleanliness

One hundred and thirty-five children were excluded from school, some on more than one occasion, during the year, because of head infestation and of these three children were compulsorily cleansed. This compares with 73 exclusions and 8 compulsory cleansings in 1967, though the percentage of infestation in the Division has risen to 1.7 in 1968 as against 1.5 in 1967.

The health visiting staff makes routine inspections to the schools and all cases of infestation are followed up with advice and supplies of shampoo for the affected child and where necessary for other members of the family.

### CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wake- field R	Total
No. of children examined .....	16111	6219	4012	6822	33164
No. of cases of infestation .....	375	108	6	68	557
% of infestation .....	2.3	1.7	0.14	0.9	1.6
No. of individual cases of infestation .....	192	70	6	30	298
No. of children excluded from school .....	129	6	—	—	135
No. of cleansing notices issued .....	38	—	—	—	38
No. of cleansing orders issued .....	6	—	—	—	6
No. of children compulsorily cleansed .....	3	—	—	—	3
Legal Proceedings .....	—	—	—	—	—

## Vision

All children with a visual acuity of 6/9 are kept under observation and those with less than this are referred for specialist examinations. The following table summarises the findings during the past year.



## RESULTS OF VISION TEST

Age	No. Ex- amined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
7	512	485	94.7	15	2.9	12	2.3
9	1161	1055	90.8	67	5.7	39	3.3
11	917	835	91.0	38	4.1	44	4.7
13	1093	996	91.1	45	4.1	52	4.7
Total	3683	3371	91.5	165	4.4	147	3.9

A colour vision screening test is undertaken at 11 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when one is considering a future career as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical industries, Printing and Paint Trades, defective colour vision would be a bar to employment.

### Hearing

Seven hundred and twenty-nine 7-year-old children had their hearing tested by audiometer as a routine, and 21 were referred to the school medical officer for further investigation. No child has been provided with a hearing aid during the year.

## CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when a consultant's opinion is required. The Division has its own Psychiatrist, Psychologist and the services of several ophthalmologists on a sessional basis. In addition we have two speech therapists working on a part time basis.

### Child Guidance Clinic

Child Guidance Clinics continue to be held at Ossett and Morley, each clinic having one weekly session. There is ample work at Ossett Clinic and no waiting list, new cases being seen at once. At Morley Clinic urgent cases can be seen at once; less urgent cases are offered a first appointment within two to four weeks. The Morley Clinic has the larger case load. All the correspondence of both clinics is dealt with at the Morley Clinic where secretarial assistance is provided,

Mr. J. B. Mannix, Psychologist, continues to work at both the Ossett and Morley Clinics. Mrs. Castle, Psychologist, has been appointed and will work temporarily in both clinics.

Following the resignation of Mrs. June Spurr, Psychiatric Social Worker, temporary assistance has been provided by Mrs. S. Halstead the newly appointed Social Worker.

### CHILDREN ATTENDING CHILD GUIDANCE CLINICS IN 1968

	Ossett	Morley
Number of sessions held .....	46	45
Number of new cases .....	24	32
Number of cases referred from 1967 .....	19	40
Number of cases discharged or referred for residential treatment .....	20	36
Number of cases carried forward to 1969	23	36

### NUMBER OF NEW CASES SEEN AT THE CHILD GUIDANCE CLINICS 1964—1968

Clinic	1964	1965	1966	1967	1968
Ossett .....	9	15	20	17	24
Morley .....	10	19	31	32	32
Total .....	19	34	51	49	56

### Refraction Clinic

Refraction Clinics staffed by specialists are held at Morley Ossett and Wakefield. There were 248 children, equivalent to a waiting period of eight months who are still waiting to be seen at the Morley eye clinic at the end of the year. This was due to the number of new referrals. There are 26 children on the waiting list for the Ossett Eye Clinic, which is equivalent to a waiting period of one month and owing to new referrals there are 64 children awaiting refraction which is equivalent to a three month waiting period for the Wakefield Eye Clinic.

## ATTENDANCE AT REFRACTION CLINIC IN 1968

	Wakefield	Morley	Ossett	Total
No. of sessions held .....	21	48	19	88
No. of new cases .....	92	136	40	268
No. of refractions carried out ..	209	514	176	899
No. of cases where spectacles were prescribed .....	81	185	68	334

**Ear, Nose and Throat Clinic**

With the consent of the general practitioner children requiring specialist attention are referred to the hospital clinics at Batley and Wakefield.

**Speech Therapy Clinic**

This clinic was recommenced in September, 1967 after a lapse of two years, with two speech therapists working in the Morley and Gaskell parts of the Division respectively. They are both employed full-time by the West Riding County Council but as they have duties in other areas their whole time equivalent in this Division is equal to a half a therapist which is 50% of our present establishment. Thirty-seven cases were discharged from the clinic for reasons specified in the table, 113 cases were seen for treatment during the last few months of 1968.

1. Total number of sessions held during year .....	179
2. (a) No. of new cases treated during year .....	66
(b) No. of cases already attending for treatment from previous year .....	47
(c) Total number of cases treated (a + b) .....	113
3. No. of cases awaiting treatment at end of year .....	24
4. No. of visits made to school .....	3
5. No. of home visits .....	—



Analysis of Cases treated during year	Boys	Girls
1. Stammering .....	11	9
2. Defects of articulation :—		
(a) Cleft Palate .....	—	1
(b) Cerebral Palsy .....	—	—
(c) Other structural malformations	4	1
(d) Other causes e.g. neurological	3	—
(e) No specific cause found .....	22	27
3. Disorders of Language due to :—		
(a) Retarded language development (non-specific) .....	14	—
(b) Retardation with associated subnormality .....	10	3
(c) Retardation associated with deafness .....	1	3
(d) Dysphasia .....	—	1
(e) Aphasia .....	1	—
(f) Other reasons .....	1	—
4. Dysphonia .....	—	—
5. Other defects .....	1	—
Children discharged during the year.		
Total .....	20	17
Analysis.		
Speech normal .....	7	6
Speech improved .....	5	4
Unsuitable for treatment .....	1	—
Non Co-operation .....	2	3
Admitted to special schools .....	—	1
Left School .....	4	—
Left District .....	1	—
Other Reasons .....	—	3

### Handicapped Pupils

Sixty-six children were initially ascertained during the year, and at the end of 1968 we had a total of 287 handicapped children on our register. Of these, 134 were already receiving appropriate education in special schools, but 19 physically handicapped children and 60 educationally sub-normal children remained to be placed in special schools. The remaining 74 children 6 of whom were physically handicapped were recom-

mended for special educational treatment in the ordinary school. There is no doubt that there is a need for a remedial centre at which slow children (68 in the Division) who normally attend at the ordinary school, could visit, say for one day a week. At such a centre, educational therapeutic methods could be undertaken by experienced staff and would undoubtedly be of benefit to such border line educationally sub-normal children.

### HANDICAPPED PUPILS RECOMMENDED FOR EDUCATION IN SPECIAL SCHOOLS AT 31st DECEMBER, 1968

Category	Morley	Gaskell	Total
Blind .....	1	—	1
Partially Sighted .....	1	4	5
Deaf .....	6	8	14
Partially Hearing .....	3	2	5
Educationally Subnormal .....	90	53	143
Physically Handicapped .....	9	13	22
Maladjusted .....	8	5	13
Delicate .....	3	6	9
Epileptic .....	—	1	1
Total .....	121	92	213

### Pre-School Handicapped Children

Under the normal scheme congenital abnormalities are notified by the midwife on the birth notification card and in addition to this a card index is kept in the Divisional Health Office of all known children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the health visitor, and their reports are submitted to the relevant Departmental Medical Officer who will eventually come to a decision re the best possible arrangements for every particular child.

### Children and Young Persons Act, 1933

67 children made special application to take part-time employment during the year and all were considered physically fit for such work.

## **GENERAL PROVISION OF HEALTH SERVICES**

### **HOSPITALS**

#### **General Hospital Accommodation**

There are no hospitals within the Rural District but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greatest possible chance of recovery.

#### **Isolation Hospitals**

Patients with infectious disease may be admitted to Snape-thorpe Hospital, Wakefield, or Seacroft Hospital, Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

#### **Maternity Hospitals and Maternity Homes**

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

#### **Hospitals Specialising in Mental Disorder**

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds and Westwood, Bradford, work has commenced on a new hospital for mentally sub-normal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have beds for 480 of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit for 20 beds for those sub-normal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Services, accommodation is to be provided for the mental welfare staff.



## AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, Tel. No. Bradford 682211.

## LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, entomological and chemical investigation from General Practitioners and Public Health Department Staff.

## SANITARY CIRCUMSTANCES OF THE AREA

### Water Supply.

Water undertaker	Nature/origin of supply	Natural Fluoride Content	Number of supplied dwellings
Wakefield and District Water Board	Upland Surface Water	Halifax C.14 ppm	7242
Barnsley	Boreholes and Upland Surface Water	C.11 ppm	660
	Total		7902

No. of dwelling houses on public supplies ..... 7902

No. of houses not supplied from Public mains, but

having a satisfactory Private and piped supply ..... none

Any insufficiency of supply and No. of houses involved none

Any unsatisfactory supply and No. of houses involved ... none

Any improvement of supply (a) effected ..... none

(b) still required: Part Woolley, Windhill Area.

Any extension of supply (a) effected ..... none

(b) Still required ..... none

No. of samples examined :—

	Chemical		Plumbo-Solvency		Bacteriological	
	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Public Supply	—	—	4	—	5	—
Private supply	—	—	—	—	—	—
Total .....	—	—	4	—	5	—

In general the supply of water has been satisfactory both in quality and quantity.

### **Drainage and Sewerage.**

There are 7,277 houses connected to sewers and 618 houses with private drainage. Seven houses have unsatisfactory drainage.

The scheme for the improvement at Crofton, Walton and Crigglesstone (phase 1) were awaiting approval at the end of the year. The schemes in preparation during the year concerned the storm water overflow at Netherton and Woolley Village.

### **Housing.**

There is a total of 7902 dwelling houses in the district, including 18 back-to-back houses and 20 single back houses.

During 1967 there were 197 new houses completed in the Wakefield Rural Area 16 being provided by the Council and 181 by private enterprise.

There were no houses officially represented in Clearance Areas during the year. Two houses not in clearance areas were demolished, and 19 individual unfit houses closed under Section 17 (1) of the Housing Act, 1957.

### **Rent Act, 1957.**

No certificates of disrepair were applied for or granted.

### **Grants for Conversion or Improvement of Housing Accommodation.**

During the year 83 formal applications were received for improvement and conversion works, all of which were approved.

### **Nuisance Inspections.**

Thirteen informal notices were issued. All were abated by the end of the year.

**Sanitary Accommodation.**

No. of houses provided with water closets .....	7888
No. of houses provided with waste water or trough closets .....	—
No. of houses provided with chemical closets .....	—
No. of houses provided with earth or pail closets .....	14
No. of earth closets etc. converted to water closets .....	—
No. of earth closets demolished .....	—
No. of houses served with earth closets, etc., due to lack of sewer or water facilities .....	14

During the year notices were served under Section 47 of the Public Health Act 1936 to secure conversion of earth closets. Grants were made as required.

**Public Cleansing.**

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible. Privies are emptied weekly or fortnightly depending on local circumstances.

The paper sack system of refuse storage and collection was further extended by 1650 units, bringing the total properties now in this system to 6118.

This is the only system which ensures a dustless collection from door to vehicle.

**Disposal of Refuse.**

All refuse in this area is disposed of by controlled tipping using mechanical aids.

**Food Hygiene Regulations, 1960 (as amended) and Ice Cream.**

(i) No. of food premises in the area:—

- (a) Catering establishments—16: (b) Bakehouses—3:  
(c) Other food shops—104.

(ii) No. of food premises registered under Section 16 of the Food and Drugs Act, 1955:—

(a) Ice-cream

(i) Manufacturers — Nil                      Retailers — 42

(b) Sausages, Potted or preserved foods — 12.



### Food Premises:

There are, in the district 104 premises retailing food, excluding works canteens of which there are a further eighteen premises.

### Milk

Sampling.

Biological Samples.

No. of samples taken for:—

(a) Tuberculosis—None                      No. positive—None.

(b) Brucellosis:—

Culture Test—158: No. positive—5

Guinea Pig—None: No. positive—None.

Stat. Samples	No. examined	Phos.	No. Satisfactory		
			Meth Blue	Turbidity Test	Colony Count
Untreated .....	158	—	150	—	—
Pasteurised .....	—	—	—	—	—
Sterilised .....	—	—	—	—	—
Ultra heat treated	—	—	—	—	—

No. of milk samples taken for Analysis under the Food and Drugs Act 1955 — None.

No. found adulterated — None.

No. of prosecutions — None.

Any instances of disease attributable to milk — None.

Details of any action under articles 18, 19, 20, Milk and Dairies (General) Regulations, 1959 — Notices served as required.

### Prevention of damage by Pests Act, 1949.

Under this act a total of 332 inspections were made and 318 cases of infestation were dealt with during the year.

### Swimming Baths and Bathing Pools.

There are no swimming baths or bathing pools in the area.

### Clean Air Act.

Nine observations and inspections were undertaken. Where any breach of the Act occurred the offenders were immediately informed and the suitability or otherwise of fuels, techniques and plants established.

## Meat Inspection

The following table gives details of the carcasses and offal inspected and condemned in whole or in part :—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	355	3	—	1311	29	—
Number inspected	355	3	—	1311	29	—
All diseases except Tuberculosis and Cysticerci Whole carcasses condemned ....	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ....	89	1	—	38	—	—
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	25%	33.33%	—	2.9%	—	—
Tuberculosis only Whole carcasses condemned ....	—	—	—	—	—	—
Carcasses of which some organ or part condemned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cysticercosis Carcasses of which some part or organ was condemned ....	2	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Gen. diseased and totally condemned	—	—	—	—	—	—

## Poultry Inspection

(i) No. of poultry processing premises in District: 2 (birds dispatched uneviscerated)	
(ii) No. of visits to these premises .....	6
(iii) Total No. of birds processed during the year .....	Nil
(iv) Types of birds processed (e.g. turkeys, ducks, hens broilers, capons, etc.) .....	Nil
(v) Percentage of birds rejected as unfit for human consumption .....	Nil
(vi) Weight of poultry condemned as unfit for human consumption .....	Nil
(vii) Comments of poultry processing and inspection ...	Nil



# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1968 FOR THE RURAL DISTRICT OF WAKEFIELD IN THE COUNTY OF YORKSHIRE

## Prescribed Particulars on the Administration of the Factories Act, 1961

### PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises  (1)	Number on Register  (2)	Number of		
		Inspection (3)	Written notices (4)	Occupi- ers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	4	4	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	52	52	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	19	—	—
Total ...	61	75	—	—

## 2—Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—









